

This Page Is Inserted by IFW Operations  
and is not a part of the Official Record

## **BEST AVAILABLE IMAGES**


Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning documents *will not* correct images,  
please do not report the images to the  
Image Problem Mailbox.**


Please type a plus sign (+) inside this box 

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/21/2002. OMB 0031-0036  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	Application Number	
	Filing Date	
	First Named Inventor	Bruno Ullrich et al.
	Title	METHOD AND APPARATUS FOR PROCESSING MULTIMEDIA CONTENT AND USING COMPRESSED AND DECODED MULTIMEDIA DATA
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	BOW1335-046

I hereby appoint:

☒ Practitioners at Customer Number **08698** 

OR

☐ Practitioner(s) named below:


Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number 

OR

☐ Firm or Individual Name


Address **Department of Physics & Astronomy**

Address **Bowling Green State University**

City **Bowling Green** State **OH** Zip **43403**

Country **USA**

Telephone **419-372-7245** Fax **419-372-9938**

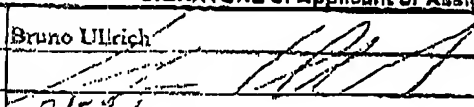
 **08698**

Place Customer Number Bar Code Label here

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record	
Name	Bruno Ullrich
Signature	
Date	2/5/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Feb-03-04 04:12pm From: Standley Law Group LLP

6147825538

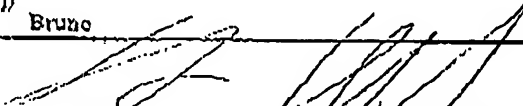
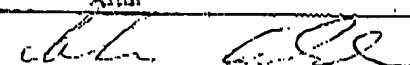
T-180 P.06/08 P-752

PTO/SB/01 (08-03)

Approved for use through 07/31/2003. OMB 0631-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.


**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <b>08698</b> OR <input type="checkbox"/> Correspondence address below			
Name <b>Bruno Ullrich</b>			
Address <b>Department of Physics &amp; Astronomy, Bowling Green State University</b>			
City <b>Bowling Green</b>	State <b>OH</b>	ZIP <b>43403</b>	
Country <b>USA</b>	Telephone <b>419-372-7245</b>	Fax <b>419-372-9938</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>Bruno</b>		Family Name or Surname <b>Ullrich</b>	
Inventor's Signature 		Date <b>2/5/04</b>	
Residence: City <b>Bowling Green</b>	State <b>OH</b>	Country <b>USA</b>	Citizenship <b>Austria</b>
Mailing Address <b>Department of Physics &amp; Astronomy, Bowling Green State University</b>			
City <b>Bowling Green</b>	State <b>OH</b>	ZIP <b>43403</b>	Country <b>USA</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <b>Artur</b>		Family Name or Surname <b>Erlacher</b>	
Inventor's Signature 		Date <b>2/5/04</b>	
Residence: City <b>Bowling Green</b>	State <b>OH</b>	Country <b>USA</b>	Citizenship <b>Austria</b>
Mailing Address <b>Department of Physics &amp; Astronomy, Bowling Green State University</b>			
City <b>Bowling Green</b>	State <b>OH</b>	ZIP <b>43403</b>	Country <b>USA</b>
Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

(Page 2 of 2)

Examiner Name \_\_\_\_\_

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.


Please type a plus sign (+) inside this box 

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid MB control number.

Approved for use through 10/31/2002. OMB 0861-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	Application Number	
	Filing Date	
	First Named Inventor	Bruno Ulrich et al.
	Title	<small>ENTRUSTED WITH AUTHORITY FOR TRADEMARKS, PATENTS AND DESIGN PATENTS</small>
	Group Art Unit	
	Examiner Name	
Attorney Docket Number	BOW1335-046	

I hereby appoint:

☒ Practitioners at Customer Number 08698 

OR

☐ Practitioner(s) named below:


Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number   

Place Customer Number Bar Code Label here

OR

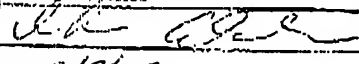
☐ Firm or Individual Name

Address	Department of Physics & Astronomy				
Address	Bowling Green State University				
City	Bowling Green	State	OH	Zip	43403
Country	USA				
Telephone	419-372-8785	Fax	419-372-9938		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record	
Name	Arthur Erlacher
Signature	
Date	2/5/09
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
<input checked="" type="checkbox"/> Total of 2 forms are submitted.	

**BURDEN HOUR STATEMENT:** This form is estimated to take 2 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.